POWER OF ATTORNEY AND DECLARATION.

As a below named inventor, I hereby declaRec'd PCT/PTO 17 JUN 2005

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled: Compounds, Compositions and Methods for Treating or Preventing Pneumovirus Infection and Associated Diseases, the specification of which [check one(s) applicable]

X							International				
	PCT/	US2003/	0251	65, on	which U	ı.s.	Application No.	10/524,	162 is	based	
							ed (if appli				
	is a	ttached	to	this De	clarati	on,	Power of Attorn	ey and P	ower to	Inspe	ect;

that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(a) [37 C.F.R. §1.56(a)].

CLAIM UNDER 35 U.S.C. §119(e): I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below:

> Filing Date Provisional Appln No. Day/Mo/Year

60/402,450

09.08.2002

POWER OF ATTORNEY: As inventor, I hereby appoint DANN, DORFMAN, HERRELL AND SKILLMAN, P.C. of Philadelphia, Pennsylvania, and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith: Patrick J. Hagan, Reg. No. 27,643 and Kathleen D. Rigaut, Ph.D., Reg. 43,047.

I hereby give DANN, DORFMAN, HERRELL AND SKILLMAN, P.C. of POWER TO INSPECT: Philadelphia, Pennsylvania or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application.

SEND CORRESPONDENCE TO:

CUSTOMER NUMBER 000110

DIRECT INQUIRIES TO:

(215) 563-4100 Telephone: (215) 563-4044 Facsimiles

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FIRST JOINT INVENTOR	SECOND JOINT INVENTOR
Full Name Theodore J. Nitz First Middle Last	Full Name <u>Janet A. Gaboury</u> First Middle Last
Signature Middle Mast	Signature
Date	Date
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473 Kulp Road Street Address	1201 Hunter Drive Street Address
	Blue Bell Pennsylvania 19422
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DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled: Compounds, Compositions and Methods for Treating or Preventing Pneumovirus Infection and Associated Diseases, the specification of which [check one(s) applicable]

x was filed 11 August 2003 as International Patent Application No.
PCT/US2003/025165, on which U.S. Application No. 10/524,162 is based
and was amended by Amendment filed ___ (if applicable); or
is attached to this Declaration, Power of Attorney and Power to Inspect;

that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(a) [37 C.F.R. §1.56(a)].

CLAIM UNDER 35 U.S.C. §119(e): I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below:

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Signature 6-6-05		1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1	2/31)000			
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Signature for Signature	Signature				
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	1				
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Full Name <u>David</u> <u>J. Rys</u> First Middle Last					
Full Name David J. Rys First Middle Last Signature Date Residence Philadelphia Pennsylvania					
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